

TRIP REPORT – Timothy Rubashembusya to BURKINA FASO

August 24-30, 2016.

Introduction:

This summary report represents my support and induction visit to Burkina Faso from the 24th to the 30th August, 2016. The purpose of the visit was to:

- Witness some days of the SMC distribution as the schedule allows.
- Familiarize myself with the cycle processes, the data collection tools and processes from the activity to data entry.
- Assess the capacity of Burkina Faso to carry out direct entry into the online platform.
- Review Data Quality Assurance processes available in line with the M&E strategy these both during the process level and also at the entry level into the online entry platform.

Below is the detailed schedule of activities while in Burkina Faso.

Date	Activities	Concerned	Outcome
24/08/2016	Travel and Arrival in Ouagadougou		
11:45	Arrival & Pick Up from Airport to Hotel	Timothy, Driver	
Afternoon			
	Security Briefing	Sanfo Moctar	
	MC - ACCESS-CPS Briefing	Eleonore Fosso	Brief orientation, security issues, ACCESS SMC project in BF expectations from visit
25/08/2016	MC Office		
Morning	Meeting with MC Team - General update with M&E	Damiba Jean Dieudonne	Entry Into Online Platform Archiving of Forms in the field, General M&E Process
Afternoon	Courtesy Call on PNLP team	NMCP Team Victor Nana	Courtesy Call on the NMCP Team. Process of flow of work and information Discussion on issues of the past cycle
26/08/2016	Support & Observation of CHW Survey	MC Team	
	Orientation meeting for CHW Focus Group Discussion Survey	Jean- Dieudonne, Dr. Nana, Timothy MC Team	
	Travel from Ouagadougou to Koupela pour le CHW survey	Jean- Dieudonne, Timothy, Driver	
	Supervision of CHW's survey	Timothy, Jean-Dieudonne	
27/08/2016	Koupela		

Date	Activities	Concerned	Outcome
	CHW's Survey continued	Damiba Jean-Dieudonne , Timothy, CHWs	
	Travel back to Ouagadougou		
29/08/2016	MC Office - Ouagadougou		
	Debriefing and Actions Points in M&E	Damiba Jean-Dieudonne , Timothy	
	Meeting with CPS coordinators	Timothy, CPS Coordinators	
Afternoon	Debriefing with Country Director and Programme Manager	Timothy, Eleonore , Dr.Nana	
	Documentation of all observations	Timothy	
30/08/2016	Travel to Abuja		
07:00	Departure for Abuja	Timothy, Driver	

Witness the SMC distribution Cycle:

This was not possible as, the 2nd cycle was being completed on the day of my arrival. I replaced this planned activity with a visit to one of the districts Koupéla. Koupéla which lies in the Central Eastern region of Burkina Faso was not part of the 11 districts where the SMC distribution took place in 2016.

Meeting with Country Director:

I was briefed by Eleonore on the operations of Malaria Consortium in Burkina Faso. It was useful to appreciate the working relationship with the NMCP of the Ministry of Health. I also got updates on the activities happening in the field including the 2nd cycle activities that were at the time being completed by the teams in the field. This was also the time to harmonise the schedule of my stay earlier shared to include any changes.

Meeting with NMCP team.

Along with Victor, we had a courtesy visit the NMCP team at the Ministry of Health offices in Ouagadougou. They too appreciated the working relationship they have with the MC team. Among the issues discussed was their desire to continue to be involved in all the activities of the SMC including the rapid assessments.

Observation of the Community Health Workers FGDs:

Along with Damiba Jean-Dieudonne the country M&E coordinator, and Hien who supported the FGD, we travelled to Kapoulé on Friday. This was at the CPCS health centers in Kaboré namely Gambaga and Liguidi-Ralguem. Both were clearly well participated and though they were conducted in Mooré – the local language which I cannot here, it was clear that the discussions were animated and passionate from the members.

I used this visit at the health centers, to check the storage of the completed forms, and quickly run through the quality of the captured records. I also used this time to briefly have a courtesy visit with the Medecin Chef of the district of Kaboré.

Observations:

Records Archiving:

There is need for a systematic overhaul and improvement of the archiving system of forms at the Health Centers. In general, the forms were available at the health facilities. They were filed in the following batches, not in any order:

- Cycle forms
 - Tally sheets (fiches de coche)
 - Tally sheets (fiches de coche) are organized by days, coloured light paper files as J1, J2, J3, and J4.
 - Administration of SP+AQ documents to 3-59 months olds.
- Summary forms
 - End of cycle reports (Rapport de fin de cycles des Centres de Santé)
 - Training reports (Rapport de formation en CPS pour les formateurs)
 - Medicines received,used, returned and lost
 - Daily monitoring forms
 - Health center summary form
- Reference documents
- And Process documents
 - Liste de relais mobilisateurs et leurs zones d'intervention
 - Plan de communication
 - Liste des superviseurs
 - Programme de supervision
 - Equipes de distribution
 - Fiches de performance par équipe + par jour
 - Programme de distribution
 - Population cible
 - Fiche de monitoring journalier
 - Etat de répartition de médicament par village et par Cible
 - Programmes de déroulement des mégaphones pour crieurs publics
 - Fiches de suivi de la supervision
 - Liste de contrôle des compétences en CPS pour les distributeurs communautaires.

This archiving is managed at the CPS level by the Chef de Poste.

Some of these posts are prone to flooding when it rains, though these are forms kept in paper boxes. The *chef de poste* has devised ways of keeping the forms safe from water by keeping them in plastic bags.

Discussions with the team at MC-Burkina Faso, the PNL team and the staff at the posts agree that this is an important area to work on to help in preservation of the vast records to help keep them in a better and easier accessible manner.

Recommended: It is needed to actively pursue an option of procuring metallic boxes / trunks to help with proper storage of these forms which will continue to increase and may get lost or destroyed by water.

Self-Assessments on Data Quality:

While coming in for the FGDs, the Distributeurs Communautaires (DCs) were also submitting the forms. The practice at the CSPS is for the forms to be checked by the chef de poste who has a calculator. Verify the validity of the numbers on the tally sheets and before filing them. This is a commendable self-assessment to maintain the quality of records coming in. Considering that the DCs had accessed the CSPSs at the same time, the rigor of the checks can be compromised as the chef de poste is swamped at a go with DCs submitting in forms.

Assessing the capacity for direct entry into the online data base:

From discussions with Damiba, and observations while in the field, it is clear that this will still be difficult. The direct focal points away from the national level are at District level. For now, data is entered into Excel worksheets shared by Paul Snell. These filled sheets are entered by the PNLP data focal points at the districts to the M&E and MC. This in addition to challenges to do with intermittent internet connection in many of the districts, which we experienced while in Kapoulé. This can make direct entry into the online system a challenge for now.

Recommendations

Controlling the process of entry of data at the districts to minimise data entry errors by validating samples of data received with what is existing at the health centres.

Make sure that the worksheets being used for entry at the districts have active checks to protect them from erroneous data. The ones I saw had these checks in place.

Other Observations:

- Entry of the Rapid assessments using tablets. There are 4 in Ouagadagou. The iForms are already loaded into the tablets ready. All entry will be done at MC offices.
Recommended: To urgently procure screen protectors and mark the tablets.
- Propose data quality assessments for 2015 distribution data: The background of this was due to major discrepancies of coverage rates arising between the LSHTM 2015 End of Cycle survey and the administrative data submitted. Whereas these are not expected to be exactly the same, there were some major discrepancies in Cycle 4 coverage rates arising from the LSHTM survey in relation to the data reported through our routine reports.

Coverage rates: MC Submitted data Vs. Data from LSHTM survey

Cycle	Coverage rate (MC data)	Coverage rate (LSHTM survey)
Cycle 1	99.78%	93.7%
Cycle 2	103.46%	87.9%
Cycle 3	107.57%	82.0%
Cycle 4	108.11%	68.4%

Examining further the results from the LSHTM reports presents some questions about the numbers presented which will only be ascertained by further evaluation of where the problem arose from. For example, the LSHTM reports that the rate of children who **received all the 4 cycles** was **86.4%**. This isn't realistic as both Cycle 4 and Cycle 3 from the same survey showed rates less than 86.4% (ie. 68.4% and 82.0%, respectively). i.e the number of those who received all the 4 cycles would need to be less or equal to the least cycle coverage rate to be valid – which is not the case.

Recommendation: These discrepancies will be assessed further in relation to other countries to enable propose a clear strategy. However in the interim, I have proposed to plan a data verification exercise for 3 randomly selected districts out of the 11 which were part of the 2015 SMC distribution. This verification exercise would only focus on the fourth cycle – given that this is where we see a major gap. Out of these 3 districts, we would need to validate the records available at 3 (also randomly selected) CSPSes by comparing these records with those submitted in the MC reports. I will collaborate directly with Damiba Jean-Dieudonne to see how this can be achieved and in what timeframe.

In general, this was a very enlightening visit